

# LIFEGUARD TRAINING REGISTRATION



Participant **LAST** Name: \_\_\_\_\_

Participant **FIRST** Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F

Phone: best # to reach participant \_\_\_\_\_ alternate # \_\_\_\_\_

Address, City Zip: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: best # to reach parent \_\_\_\_\_ alternate # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ phone #: \_\_\_\_\_

Course Code #	Fee	Cash/ Check #	Total Amt. Paid	Date	Staff Initials

\_\_\_\_\_(initials) **PROGRAM WAIVER:** In consideration for being permitted by the City of Nevada City to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which may have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance the City of Nevada City (their officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents, including colliding with other swimmers, tripping or falling on the pool deck, exposure to contaminated water and knowingly and freely assume all such risks, both known and unknown. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

\_\_\_\_\_(initials) **COVID WAIVER:** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Parks & Recreation Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by attending Parks & Recreation Programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in this Program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

\_\_\_\_\_(initials) **PARENTAL CONSENT:** I hereby consent that my son/daughter, named above, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. I agree that in the event that said minor requires medical treatment while under the supervision of City of Nevada City personnel in connection with described activity, such supervisor may authorize treatment.

\_\_\_\_\_(initials) **IN ADDITION:** I understand that there are no refunds on registration fees, unless the class is cancelled. I give the City of Nevada City permission to use photos taken of me and/or my child in future publications.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF NEVADA CITY, AND I SIGN IT ON MY OWN FREE WILL.**

\_\_\_\_\_  
Signature of participant OR parent/guardian of participant under the age of 18

\_\_\_\_\_  
Date